



Mike Huckabee  
Governor

State of Arkansas  
**SOCIAL WORK LICENSING BOARD**

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**FORM FOR REPORTING SOCIAL WORK CONTINUING EDUCATION**

Name of Licensee \_\_\_\_\_ License No. \_\_\_\_\_

Licensee's Address \_\_\_\_\_

Title of Session \_\_\_\_\_

Sponsor \_\_\_\_\_

Date(s) & Time of Attendance \_\_\_\_\_

Amount of Credit Received \_\_\_\_\_

Actual time spent in session

The instructor, sponsor, leader, training coordinator, or agency director must sign below attesting to attendance.

\_\_\_\_\_  
Name & Credentials (typed or printed)

\_\_\_\_\_  
Signature

**NOTE TO LICENSEE:** Licensees must maintain verification of attendance at all continuing education workshops. In the event a licensee is selected for audit, he/she must submit documentation verifying his/her attendance at all continuing education workshops.

This form may be duplicated for use, or other documentation may be used in lieu of this form, provided that the same information is presented. **Do not send documentation to the Board unless audited.**